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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOA: August 23, 2006

Application No.: 10/796,536

Filing Date: March 9, 2004

Applicant: Schott et al.

Group Art Unit: 3679

Examiner: Gregory J. Binda

Title: TORQUE TRANSMISSION DEVICE

Attorney Docket: 6039-000325

Director of The United States Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed for filing are four (4) "Replacement Sheets" including formal drawings (Figs. 1-7) for the above-identified patent application. Applicants respectfully request that the enclosed FORMAL DRAWINGS replace the most recent drawings filed with the application.

Respectfully submitted,

By:

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Date: October 2, 2006

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/796,536
		Filing Date	March 9, 2004
		First Named Inventor	Wilhelm Schott et al.
		Art Unit	3679
		Examiner Name	Greg Binda
Total Number of Pages in This Submission		Attorney Docket Number	6039-000325

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Transmittal of Formal Drawings (with attachment of 4 sheets of Replacement Drawings)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name W.R. Duke Taylor	Reg. No. 31,306
Signature			
Date	October 2, 2006		

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